



Patient-Centered Medical Home Stakeholder Council

Meeting Minutes

November 19, 2014

DLI Conference Room (Helena) and via phone

Members Present

Dr. Jonathan Griffin, Chair, St. Peter's Hospital

Dr. Monica Berner, Vice-Chair, Blue Cross Blue Shield of Montana

Paula Block, Montana Primary Care Association

Carla Cobb, RiverStone Health

Todd Lovshin, PacificSource Health Plans

Jo Thompson, Medicaid Division, Department of Public Health & Human Services

Todd Harwell, Public Health and Safety Division, Department of Public Health & Human Services

Dr. Rob Stenger, Providence Medical Group

Dr. Janice Gomersall, Community Physicians Group, Mountain View Family Medicine and Obstetrics

Dr. Larry Severa, Billings Clinic

Dr. Patrick Van Wyk, Licensed Clinical Psychologist, St. Peter's Hospital

Bill Warden, Hospital Lobbyist

Kristin Pete, Glacier Medical Associates

Tara Callaghan, SW Community Health Center

Lara Shadwick, Mountain Pacific Quality Health Foundation

Sen. Mary Caferro, State of Montana (Ad Hoc Member)

Interested Parties

Adam Smith, St. Joseph's Hospital

Janice Mackensen, Mountain-Pacific Quality Health

Dr. Jonathan Weisul, Allegiance Benefit Plan Management

Bernadette Roy, Partnership Health Center in Missoula

Jody Haines, Providence Health System

Kelly Gallipeau, Kalispell Regional Health Center

Craig Hepp, Billings Clinic

Mike Foster, Regional Director of Advocacy, St. Vincent Healthcare/Montana Catholic Hospitals

Patty Kosednar, Mountain Pacific Quality Health Foundation

Breanne Rowan, Medical Student with Dr. Gomersall

Dr. Gary Mihelish, Mental Health Advocate

CSI Staff Present

Amanda Roccabruna Eby

Christina Goe

Adam Schafer

Catherine Wright (Minutes recorder)

Welcome, introductions, agenda review, announcements, minutes approval

The inaugural meeting of the 2014-2015 stakeholder council was called to order at 1:02 pm. Amanda R. Eby conducted roll call. (*Thank you* members for the 100% attendance!) She requested that the council members introduce themselves and share their backgrounds/interest in PCMH. The monthly council meeting time of the 3rd Wednesday of the month was confirmed. Dr. Griffin reviewed the meeting agenda and stressed to members that it is a full agenda with several important action items. **Approval of the October 15, 2014 meeting minutes was overlooked and will be conducted at the December meeting.**

Nominations for Chair and Co-Chair

Dr. Griffin volunteered to serve as Chair for another year, but also encouraged any other interested members to serve. Dr. Griffin described the time commitment and responsibilities for the Chair position. Todd Lovshin nominated Dr. Griffin to serve as 2014-15 Chair of the Stakeholder Council. Dr. Patrick Van Wyk seconded the motion. Dr. Griffin was elected unanimously. Todd Harwell nominated Dr. Berner as Vice-Chair. Todd Lovshin seconded the motion. Dr. Berner was elected unanimously.

Medicaid Report

Jo Thompson delivered a short report on the status of the Medicaid PCMH pilot program. She and other staff have travelled to the pilot models. Thus far there are 5 verbal commitments to participate with signed contracts expected within 1-2 weeks. The pilot sites are mostly rural, with 9,000 members. Also, DPHHS is coordinating with CMS on issues of federal authority. Systems upgrade work continues and needs to coordinate with other managed care programs. They will be using the Passport to Health attribution method.

Application Summary Report and Future Applications

Amanda R. Eby reviewed the results of the Comprehensive Application. To date the CSI has received 69 responses. The committee set a final deadline of December 5 for the remaining applications. Completion of the application is required for continued accreditation. Also, it was suggested that in the future, new practices will complete the Comprehensive Application when applying for qualification. A few highlights from the application summary are that PCMH practices serve nearly 500,000 patients, 91% of practices offer care coordination, with many types of coordination being delivered and the high rate of depression screening. As a complement to these findings, Dr. Gomersall suggested the committee could consider developing a Payer Questionnaire in order to cross-check these results.

Dr. Gomersall also requested a Pie Graph which illustrates the percentage levels for the Care Team categories such as Behavioral Health Specialist, Pharmacy services, primary care provider, patient navigator, etc.

ACTION: Amanda Eby will compile the pertinent data from the survey into a pie chart (or an equivalent graphic) for discussion at the December meeting after all the practices have responded.

A short discussion followed on the content and process for future applications. Some members requested that future applications amend the requirement for submitting multiple applications. For some of the facilities with multiple clinics completing 5-6 different applications was burdensome. It was suggested to offer the option of integrating one organizational input with the choice to answer multiple site-specific questions.

Future application will try to match with the NCQA model. Gallipeau and Hepp offered to facilitate this.

Discuss March 2015 Report and Amendments to the Rules

The public hearing for the Payer Rule is December 2.

Christina Goe reminded the council that the content of the March 2015 report is at the discretion of the Commissioner and stakeholders. For the upcoming report, she agreed to use mostly the application results plus the results from the quality measure reporting. Goe cautioned the group that while there is a lot of valuable information culled from the application, it is important to validate the results of the application data and be “circumspect of the high numbers” (of stated PCMH patients).

Dr. Gomersall suggested going back to the practices and asking what percentage of the number of patients they reported, they receive enhanced payments for from an insurer and see how it changes over time for cost and health. For example: how many patients out of your total patients are you getting enhanced payment for, beyond fee-for-service?

ACTION: Please email Amanda your suggestions for questions that would be feasible for providers to breakdown the percentage of patients they have that they receive PCMH payments as well as other follow-up clarifications to the application.

Payer Subcommittee Report

Todd Lovshin reviewed the November 10 meeting discussion. The payers at the meeting each described their system capabilities. The group also decided that for 2014 the utilization data report will be a “snapshot” pull of data on a particular day, such as December 31, 2014, and will include patients that are attributed on that day.

Going forward, one of the main challenges will be how to find commonalities between all the different payers’ IT systems in order to get an accurate snapshot of the patient population.

The subcommittee plans a 2-hour December meeting to discuss the specific content for the reporting guidance. The payer guidelines should be completed by the January 21st council meeting for review.

Quality Metrics Subcommittee Report

Dr. Griffin reviewed the tiered step-wise approach developed at the November 5 subcommittee meeting. Specifically, the proposed step-wise approach for 2015 is as follows:

- 1st year- entire population aggregate report
- 2nd year- sample of patient population, patient-level data report OR entire population aggregate report
- 3rd year- entire patient population, patient-level data

He also referenced Dr. Helgersen’s comments (from the subcommittee meeting) about the need for an option for practices without electronic health records, in particular the question of whether they can do sampling or should they be required to provide patient-level data for their entire patient population? Going forward, the ultimate goal for 2017 is for all PCMH to provide patient-specific data for the entire practice.

Paula Block raised concerns about data sharing agreements and CSI staff said they would look into creating them for those reporting patient-level data.

There was some discussion about including zip code in the reports for geographical analysis of the data and rural vs. urban stratification. After conversation about the difference in the use of patient zip versus practice site zip, the council decided evaluation should be at the site, not the patient level. CSI already has the zip codes of all the practices.

Next, the timeline for the quality measures guidance document was discussed. The council set a deadline of the January 21st council meeting for the subcommittee to present the complete reporting guidance for patient-level and aggregate reporters, for the council to approve.

Any practices submitting patient-level data the first year were asked to submit examples of their reporting methodology to the subcommittee. The council outlined the following objectives for the subcommittee for completing the reporting guidance:

- Small data dictionary;
- Description of data fields;
- Guidance on acceptable file formats;
- Confirmation on sampling method;
- And data sharing agreements.

General Council Business

Amanda reminded the council that all subcommittee meetings are open to all members.

No Public and Ad Hoc Member Comment

Mary Caferro and Gary Mihelish both thanked the council for including depression screening in the Comprehensive Application.

Future meetings

The council agreed to set standing times for subcommittee meetings. The schedule for 2014-15 is as follows: the **Quality Metrics** subcommittee will meet the 2nd Wednesday of the month at noon; the **Payer** subcommittee will meet the 2nd Thursday of the month at 1:00 pm. So December subcommittee meetings are scheduled for **December 10** (Quality Metrics) and **December 11** (Payer).

The next PCMH Stakeholder Council meeting is **December 17th 1:00 – 3:00 pm at the CSI.**

Meeting adjourned at 2:58 pm.